

Specific Use Permit

City of Euless
201 N. Ector Drive
Euless, Texas
817-685-1684

PART 1: APPLICANT INFORMATION	
BUSINESS OWNER (Legal Entity): <u>Grapevine Relief And Community Exchange dba GRACEful Buys</u>	
Official Address to send all City correspondence: <u>PO Box 412</u> Suite: _____	
City: <u>Grapevine</u>	State: <u>TX</u> Zip: <u>76099</u>
Applicant/Agent Name: <u>Shonda Shaefer/ David Mowers</u>	
Mailing Address: <u>610 Shady Brook Dr</u> Suite: _____	
City: <u>Grapevine</u>	State: <u>TX</u> Zip: <u>76099</u>
Telephone (817) <u>488-7009</u>	Fax (817) <u>488-2181</u> Email: <u>dmowers@gracegrapevine.net</u>
PROPERTY OWNER (Please print): <u>EULESS CAPITAL, LP</u>	
Signature: <u>[Signature]</u>	
Mailing Address: <u>c/o Mc LAREN HILL, 1651 N. COLLINS BLVD</u> Suite: <u>255</u>	
City: <u>RICHARDSON</u>	State: <u>TX</u> Zip: <u>75080</u>
Telephone (310) <u>446-1122</u>	Fax (310) <u>475-5519</u> Email: <u>bob@ppcapital.net</u>
PART 2: PURPOSE OF PROPOSAL	
In what ways have conditions changed substantially since the current zoning was set for this property? <u>GRACE proposes the operation of a charity resale store at the Euless Town Center, 1201 Airport FWY, Spaces 203 & 207. The money generated will be used to assist families in GRACE programs in NE Tarrant County.</u>	
How would the proposed amendment promote the public welfare and encourage orderly city development? <u>GRACE provides a discount shopping option for families as well as generating sales tax dollars for the city.</u>	
PART 3: PROPERTY DESCRIPTION	
Street Address of Property (if available): <u>1201 Airport FWY, Spaces 203 and 207</u>	
LEGAL DESCRIPTION: Subdivision Name _____ Block(s) _____ Lot(s) _____	
Survey Name(s): _____ Abstract No(s): _____ Tract(s): _____	
PART 4: PRESENT USE OF PROPERTY (CIRCLE ONE)	
VACANT LAND VACANT BUILDING SINGLE FAMILY DWELLING <u>COMMERCIAL</u> MULTI-FAMILY DWELLINGS INDUSTRIAL OTHER: _____	
PART 5: ACKNOWLEDGMENTS	
I certify that the above information is correct and complete to the best of my knowledge and ability and that I will be fully prepared to present the above proposal at a Planning and Zoning Commission public hearing. I reserve the right to withdraw this proposal at any time by filing a written request with the Department of Planning and Development. I understand that 50% of my application fee will be refunded if my written request for withdrawal is received by the Department within 24 hours after the Planning and Zoning Commission public hearing.	
Applicant, Owner or Authorized Agent <u>[Signature]</u>	Date <u>4/27/15</u>
OFFICE USE ONLY:	
Case Number: <u>15-08-SUP</u>	Zoning Fee: <u>\$250</u> Date Submitted: <u>4/20/2015</u>
Accepted By: <u>ASD</u>	Current Zoning: <u>PD</u> Expiration Date: _____
<u>HP 15-3002208</u>	
The Development Services Group WILL NOT REVIEW any drawings that are missing any applicable check list items. Please mark all that apply and submit signed list with the application. Application will not be accepted unless this list is submitted.	